

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091937534

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			4			
6			1			
7			1			
8			1			
9			1			
10			1			
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TOTAL IND.			3			
TOTAL DEP.		↓	13	↓		↓
TOTAL CLAIMS			16			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.				↓		↓
TOTAL CLAIMS						↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS